OUEAN	Form 2-204(1)	
160 E Box _	ast 300 South REQUEST FOR RECORDS ake City, Utah 84114	
Please	type or print all information.	
Orga Maili Dayti	of Requester: nization: ng Address: me Telephone: of Request:	
Detailed Description of Record(s) Requested:		
	I would like to inspect (view) the records.	
	I would like to receive a copy of the records. I understand that I may be responsible for copy costs, which is normally \$.30 per page, and, if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to \$ I understand that the Division will contact me if estimated costs are greater that the amount authorized herein and that it will not respond to my request for copies unless I have authorized adequate costs.	
	I request that the costs of this record request be waived under § 63G-2-203(4) because of one or more of the following:	
	☐ releasing the record primarily benefits the public rather than a person;	
	\square I am the subject of the record or an individual specified in §§ 63G-2-202(1) or (2); and/or	
	\square my legal rights are directly implicated by the information in the record, and I am impecunious.	
	I am requesting expedited response. (Please attach documentation of your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. § 63G-2-204(3).)	
EXPL	ANATORY COMMENTS:	

Records Officer Division of _ 160 East 300 South Box _ Salt Lake City, UT 84114-___

Please mail your request to:

SEE REVERSE SIDE

		PLEASE COMPLETE UNLESS YOU REPRESENT A GOVERNMENTAL ENTITY:	
		e criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury that I am the ck any that apply)	
	am the subject of the record(s).		
	am the	e person who provided the information in the records.	
	am the	e parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).	
	have a	have a power of attorney from the subject of the record(s) (copy attached).	
		notarized release from the subject of the record, or his legal representative, dated within 90 days from the date of this request (copy attached).	
		titled to the record(s) pursuant to a judicial order (copy attached).	
		contractor or private provider for a governmental entity and the following apply and will be strictly adhered to:	
		the use of the record will produce a public benefit that outweighs the individual privacy right that protects the record or record series; and	
		the record or record series requested:	
		is necessary for the performance of a contract with a governmental entity;	
		will only be used for the performance of the contract with the governmental entity;	
		will not be disclosed to any other person; and	
		□ will not be used for advertising or solicitation purposes.	
		Date:	
(Sig	gnature)	(Please type or print title)	
PLEASE COMPLETE IF YOU REPRESENT A GOVERNMENTAL ENTITY: I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby certify that I am duly authorized to make this request on behalf of a governmental entity that: (Check all that apply)			
	is	entitled by law to inspect the record. Cite law:	
		required to inspect the record as a condition of participating in a state or federal program or for receiving state or federal funds. ite law:	
	Se	erves as a repository or archives for purposes of historical preservation, administrative maintenance, or destruction.	
	eı	aforces, litigates, or investigates civil, criminal, or administrative law, and the record is needed for that purpose.	
	is	authorized by state statute to conduct an audit and the record is needed for that purpose.	
	is	one that collects information for presentence, probationary, or parole purposes.	
	is	requesting a record or record series which is necessary to the performance of the governmental entity's duties and functions.	
		requesting a record or record series which will be used for a purpose similar to the purpose for which the information in the record or record ries was collected or obtained.	
		requesting a record or record series, the use of which will produce a public benefit that outweighs the individual privacy right that protects the cord or record series.	
		Date:	
(Sig	gnature)	(Please type or print title)	
*****	******	********************************	
STATE C	OF		
COUNTY	Y OF	: ss.)	
SUBSCR	IBED to	perfore me this day of	
(Seal)		NOTABLE DE LA COMPANIO	
Commission E	expires:	NOTARY PUBLIC	